

Application Data Sheet

Application Information

Application number::	Unassigned
Filing Date::	Herewith
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R??::	
Number of CD disks::	
Number of copies of CDs::	
Sequence Submission::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	ELECTROSTATIC VALVES FOR MICROFLUIDIC DEVICES
Attorney Docket Number::	020174-002910US
Request for Early Publication::	No
Request for Non-Publication::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	4
Small Entity?::	Yes
Latin name::	
Variety denomination name::	
Petition included?::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers One::	
Secrecy Order in Parent Appl::	No

Applicant Information

Applicant Authority Type::	Inventor
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Primary Citizenship Country:: US
 Status:: Full Capacity
 Given Name:: B. Scott
 Middle Name::
 Family Name:: Driggs
 Name Suffix::
 City of Residence:: Bossier City
 State or Province of Residence::
 Country of Residence::
 Street of Mailing Address:: 1235 Whitehall Place
 City of Mailing Address:: Bossier City
 State or Province of mailing address::
 Country of mailing address::
 Postal or Zip Code of mailing address:: 71112

Applicant Authority Type:: Inventor
 Primary Citizenship Country:: Germany
 Status:: Full Capacity
 Given Name:: Markus
 Middle Name:: M.
 Family Name:: Enzelberger
 Name Suffix::
 City of Residence:: Esslingen
 State or Province of Residence::
 Country of Residence:: Germany
 Street of Mailing Address:: Hindenburgstr. 194
 City of Mailing Address:: Esslingen
 State or Province of mailing address::
 Country of mailing address:: Germany
 Postal or Zip Code of mailing address:: 73730

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Stephen
Middle Name:: R.
Family Name:: Quake
Name Suffix::
City of Residence:: San Marino
State or Province of Residence::
Country of Residence::
Street of Mailing Address:: 744 Plymouth Road
City of Mailing Address:: San Marino
State or Province of mailing address::
Country of mailing address::
Postal or Zip Code of mailing address:: 91108

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Representative Customer Number:: 20350

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Non-Provisional of	60/246,469	11/06/00

Foreign Priority Information

Country::	Application number::	Filing Date::
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Assignee Information

Assignee Name::
Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

10/18/01